



DEPARTMENT OF HEALTH & HUMAN SERVICES

Region VI
Health Care Financing
Administration
Mail Stop HCF-2
1200 Main Tower Bldg.
Room 2000
Dallas, Texas 75202-4348

March 25, 1997

Mr. Michael Fogarty
State Medicaid Director
Oklahoma Health Care Authority
4545 North Lincoln Blvd - Suite 124
Oklahoma City, Oklahoma 73105

Dear Mr. Fogarty:

I am pleased to inform you that your request for renewal of your Medicaid waiver to provide home and community-based services for the aged and disabled as authorized under the provisions of section 1915(c) of the Social Security Act has been approved. This waiver has been assigned control number 0256.90 which should be used in any subsequent correspondence.

Specifically, you submitted a request to provide case management services, respite services, adult day health care (personal care and therapy enhancement) services, environmental modifications, special medical equipment and supplies, skilled nursing services, home-delivered meals, advance supportive/restorative assistance, therapy services/comprehensive home care services and extended State plan services (prescribed drugs) to individuals who would otherwise require institutionalization in a nursing facility. The State requested to delete personal care services from the waiver renewal since these services are now available in at least that amount, duration and scope under the State plan. Homemaker/Chore services have been removed from the waiver effective January 1, 1997. In addition, the State no longer requires a waiver of statewideness. This waiver is intended to replace waiver 0256 which is functioning under a temporary extension that will expire on March 27, 1997.

Based upon the assurances and additional information that you provided on March 4, 1997 and March 14, 1997, I approve this waiver renewal request for a five year period, effective July 1, 1996, as requested. This approval is subject to your agreement to provide home and community-based services to no more individuals than the totals indicated in your approved per capita expenditure estimates.

The following estimates of utilization and cost of waiver services have been approved:

<u>Number of Individuals Served</u>		<u>Factor "D"</u>	=	<u>Total</u>
Year 1 - 2, 575	x	\$1, 177	=	\$ 3, 030, 775
Year 2 - 5, 072	x	\$2, 003	=	\$10, 159, 216
Year 3 - 7, 084	x	\$2, 294	=	\$16, 250, 696
Year 4 - 8, 702	x	\$2, 590	=	\$22, 538, 180
Year 5 - 10, 006	x	\$2, 825	=	\$28, 266, 950

If you have any questions in this matter, please contact Joe Reeder at (214) 767-6279.

Sincerely,

Ed Lessard
Acting Regional Administrator

cc: Director, Medicaid Bureau

bcc:
Official and reading files
Art Pagan
James Oge
POB: JReeder

